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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).
Effective on 12/08/2004.**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 910.00**Complete if Known**

Application Number	09/574,437
Filing Date	May 20, 2000
First Named Inventor	Barbara A. FOX et al.
Examiner Name	Joseph E. Avellino
Art Unit	2143
Attorney Docket No.	10.0776

METHOD OF PAYMENT (check all that apply)☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____ - 20 or HP = _____	x _____	= _____	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____ - 3 or HP = _____	x _____	= _____	

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims
Fee (\$) Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Fee(s) for RCE Application-\$790 and 1-Mo. Extension of Time-\$120 **Fees Paid (\$)** \$910.00**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 48,234	Telephone 704/366-6642
Name (Print/Type)	Christopher L. Bernard	Date May 22, 2006	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



EXPRESS MAIL CERTIFICATE

Express Mail No.: EV 814076099 US

Date of Deposit: May 22, 2006

Type of Document(s): RCE Transmittal Form (PTO/SB/30)
Petition for Extension of Time (PTO/SB/22)
Fee Transmittal Form (PTO/SB/17) (2 copies)
Credit Card Payment Form (PTO-2038)
Postcard Filing Receipt

Application No.: 09/574,437

Filing Date: May 20, 2000

Applicant(s): Barbara A. FOX et al.

Title: DECOUPLING PROCESSES FROM HARDWARE
WITH LOGICAL IDENTIFIERS

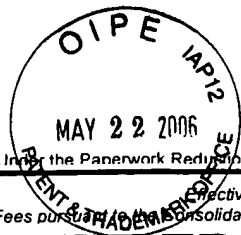
Examiner: Joseph E. Avellino

Art Unit: 2143

Attorney Docket No.: 10.0776

I hereby certify that the above-referenced documents are being/have been deposited with the United States Postal Service "Express Mail Post Office to Addressee" in accordance with 37 CFR 1.10 on the above-referenced date and are being/have been addressed to: **Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 USA.**

Barbara C. Brown
Barbara C. Brown
North Carolina State Bar/Certified Paralegal



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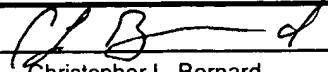
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